

SUP 2016  
00074



## APPLICATION SPECIAL USE PERMIT

### ADMINISTRATIVE CHANGE OF OWNERSHIP OR MINOR AMENDMENT

☒ Change of Ownership      ☐ Minor Amendment

[must use black ink or type]

**PROPERTY LOCATION:** 480 King Street, Alexandria, Virginia

**TAX MAP REFERENCE:** 074.02-07-01

**ZONE:** King Street Retail Urban  
Overlay (KR)

#### APPLICANT

**Name:** AB/FH Alexandrian Hotel Owner LLC

**Address:** AB Global, 1345 Avenue of the Americas, New York, NY 10105, Attn: Blake Mastalir

#### PROPERTY OWNER

**Name:** CLPF King Street Venture, L.P.

**Address:** 480 King Street, Alexandria, VA 22314

**SITE USE:** Valet Parking SUP #2007-0055

**Business Name:**      **Current:** Hotel Monaco      **Proposed (if changing):** The Alexandrian Hotel

☒ **THE UNDERSIGNED** hereby applies for a Special Use Permit for **Change in Ownership**, in accordance with the provisions of Article XI, Division A, Section 11-503 (5)(f) of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

☒ **THE UNDERSIGNED**, having read and received a copy of the special use permit, hereby agrees to comply with all conditions of the **current** special use permit, including all other applicable City codes and ordinances.

☒ **THE UNDERSIGNED** hereby applies for a Special Use Permit for **Minor Amendment**, in accordance with the provisions of Article XI, Division A, Section 11-509 and 11-511 of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

☒ **THE UNDERSIGNED**, having obtained permission from the property owner, hereby requests this special use permit. The undersigned also attests that all of the information herein required to be furnished by the applicant are true, correct and accurate to the best of his/her knowledge and belief.

Duncan W. Blair, Esquire

Print Name of Applicant or Agent

524 King Street

Mailing/Street Address

Alexandria, VA

22314

City and State

Zip Code

Signature

703-836-1000

703-549-3335

Telephone #

Fax #

dblair@landcarroll.com

Email address

November 30, 2016

Date

#### DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

Application Received: \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_

Legal advertisement: \_\_\_\_\_

ACTION - PLANNING COMMISSION \_\_\_\_\_

ACTION - CITY COUNCIL: \_\_\_\_\_

Special Use Permit # \_\_\_\_\_

The following information must be furnished to the Department of Planning and Zoning to determine if the current use conducted on the premises complies with the special use permit provisions and all other applicable codes and ordinances.

**1. Please describe prior special use permit approval for the subject use.**

Most recent Special Use Permit # 2007-0055

Date approved: 09, 15, 2007  
month day year

Name of applicant on most recent special use permit CLPF King Street Venture, L.P.

Use Valet Parking.

**2. Describe below the nature of the *existing operation in detail* so that the Department of Planning and Zoning can understand the nature of the change in operation, include information regarding type of operation, number of patrons served, number of employees, parking availability, etc. (Attach additional sheets if necessary.)**

The valet parking operates out of Hotel Monaco, utilizing parking spaces in the underground parking garage directly adjacent to the property, to serve hotel guests and patrons.

3. Describe any proposed *changes* to the business from what was represented to the Planning Commission and City Council during the special use permit approval process, including any proposed changes in the nature of the activity, the number and type of patrons, the number of employees, the hours, how parking is to be provided for employees and patrons, any noise emitted by the use, etc. (Attach additional sheets if necessary)

The Applicant is requesting no changes to the proposed valet parking operation.

4. Is the use currently open for business? ☒ Yes ☐ No

If the use is closed, provide the date closed.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

5. Describe any proposed changes to the conditions of the special use permit:

No changes are proposed.

6. Are the hours of operation proposed to change? ☐ Yes ☒ No

If yes, list the current hours and proposed hours:

Current Hours:

Proposed Hours:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Will the number of employees remain the same? ☒ Yes ☐ No

If no, list the current number of employees and the proposed number.

Current Number of Employees:

Proposed Number of Employees:

\_\_\_\_\_

\_\_\_\_\_

8. Will there be any renovations or new equipment for the business? \_\_\_\_ Yes ☒ No

If yes, describe the type of renovations and/or list any new equipment proposed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Are you proposing changes in the sales or service of alcoholic beverages? \_\_\_\_ Yes ☒ No

If yes, describe proposed changes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Is off-street parking provided for your employees? ☒ Yes ☐ No

If yes, how many spaces, and where are they located?

Underground parking garage with 170 spaces to service guests, employees,  
monthly parkers and general public/hourly.

11. Is off-street parking provided for your customers? ☒ Yes ☐ No

If yes, how many spaces, and where are they located?

Underground parking garage with 170 spaces to service guests, employees,  
monthly parkers and general public/hourly.

12. Is there a proposed increase in the number of seats or patrons served? ☐ Yes ☒ No

If yes, describe the current number of seats or patrons served and the proposed number of seats and patrons served. For restaurants, list the number of seats by type (i.e. bar stools, seats at tables, etc.)

Current:

Proposed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Are physical changes to the structure or interior space requested? ☐ Yes ☒ No

If yes, attach drawings showing existing and proposed layouts. In both cases, include the floor area devoted to uses, i.e. storage area, customer service area, and/or office spaces.

14. Is there a proposed increase in the building area devoted to the business? ☐ Yes ☒ No

If yes, describe the existing amount of building area and the proposed amount of building area.

Current:

Proposed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. The applicant is the (check one) ☐ Property owner ☐ Lessee

☒ other, please describe Contract Purchaser

16. The applicant is the (check one) ☐ Current business owner ☐ Prospective business owner

☒ other, please describe Property Owner Contract Purchaser



17. Each application shall contain a clear and concise statement identifying the applicant, including the name and address of each person owning an interest in the applicant and the extent of such ownership interest. If the applicant, or one of such persons holding an ownership interest in the applicant is a corporation, each person owning an interest in excess of ten percent (3%) in the corporation and the extent of interest shall be identified by name and address.

For the purpose of this section, the term "ownership interest" shall include any legal or equitable interest held in the subject real estate at the time of the application. If a nonprofit corporation, the name of the registered agent must be provided.

**Please provide ownership information here:**

See Attached

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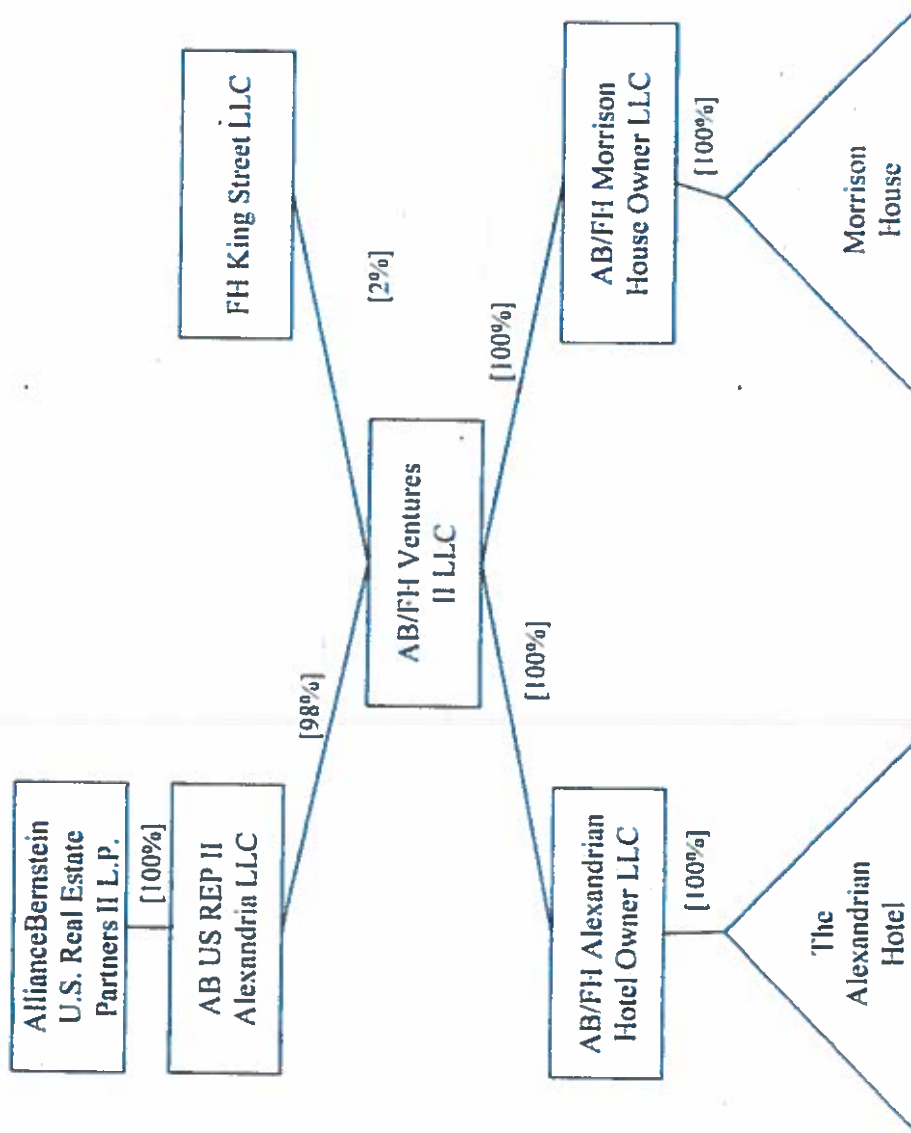
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# AB/Fulcrum Structure Chart



All entities are Delaware unless otherwise noted

Supp 2016  
00094